Patient-Centered Medical Home Advisory Council
Meeting Minutes
December 5, 2012
Office of the Commissioner of Securities and Insurance (CSI) Conference Room, Helena, and by phone

Members present
Bob Marsalli for Paula Block, Montana Primary Care Association
Dr. Doug Carr, Billings Clinic
Dr. Janice Gomersall, Montana Academy of Family Physicians
Dr. Jonathan Griffin, St. Peter's Medical Group
Lisa Wilson, Parents, Let's Unite for Kids-PLUK
JP Pujol, New West Health Services
Dror Baruch for Kirsten Mailloux, EBMS
Alan Hall, Allegiance Life and Health Company
Kristin Juliar, Montana Office of Rural Health
Dr. Paul Cook, Rocky Mountain Health Network
Dr. Tom Roberts, Western Montana Clinic
Cindy Stergar, CHC-Butte Silver Bow Primary Care Clinic
Claudia Stephens, Montana Migrant and Seasonal Farm Worker Council
Carol Kelley, MT Medical Management Association
John Hoffland, DPHHS Medicaid, Passport to Health

Members absent
Bob Olson, MHA
Bernadette Roy, CHC-Partnership Health Center
Dr. Jay Larson, Independent Provider
Dr. Fred Olson, BCBS MT
Dr. Deborah Agnew, Billings Clinic
Dr. Rob Stenger, Grant Creek Family Practice, St. Patrick's Hospital

Interested parties present
Janice Mackensen, Mountain Pacific Quality Health
Dwight Hiesterman, Mountain Pacific Quality Health
Jean Branscum, MMA

CSI staff present
Adam Schafer
Lucas Hamilton
Christa McClure
Amanda Roccabruna Eby- Minutes recorder
Christina Goe

Welcome, roll call, agenda review, and approval of minutes

Dr. Tom Roberts moved and Cindy Stergar seconded a motion to approve the minutes from the November 7th meeting. The motion passed unanimously.

Planning for the legislature – Adam Schafer, Deputy Commissioner of Securities and Insurance

Commissioner Lindeen has chosen Senator Christine Kaufmann to carry the PCMH bill. She knows the issue more than any other legislator. If there is just one minor amendment to be made, that can still happen but the bill must be pre-introduced by December 15th. If any more extensive changes needed to be made then the bill would miss the pre-introduction deadline and may lose its priority. Sen. Kaufmann will be working on getting co-sponsors but CSI requests the council start talking to their legislators, neighbors, and friends about the bill. Decisions will often need to be made during the session very quickly, within a morning or in minutes, therefore the council needs to name one point person for CSI to consult with on a daily basis about the bill.

Dr. Carr seems to be the obvious point person for the CSI staff to consult with as the chair and he is comfortable with being that but would like to have others in a small group defined now so that the representatives of providers, payers, and consumers can also be consulted with. JP Pujol and Bob Marsalli both volunteered to be part of that small group. A council member suggested emailing a request for members to be part of this subcommittee. Lisa Wilson volunteered to be on the subcommittee. She represents PLUK, but also Title 5's interests. Amanda will send out an email after the meeting to solicit interest in serving on the legislative subcommittee that Dr. Carr will consult with.

The bill fact sheet will be reviewed to make sure the language is targeted to legislators and reflects all of the recent changes that have been made. CSI staff will use the fact sheet and data that has been collected to educate legislators on the PCMH concept. PCMH is one of the Commissioner's top legislative priorities and it is her goal and intention to pass the bill as introduced.

Review latest PCMH bill draft changes – Christina Goe, CSI General Counsel

Christina explained the changes that had been made to the bill since the last meeting by legislative services and Medicaid. Although Medicaid has been removed from the definition of health plan, , Medicaid is still part of the bill. The changes are good for the bill because it has to have Medicaid's support; the changes make the bill stronger by explicitly defining Medicaid's role in the PCMH program. Several members agreed with this. Council members have mentioned many times in the past the importance of Medicaid's involvement. The bill is actually not hugely more complicated. However sections had to be added into to amend existing laws to interact with the PCMH program.

An email was sent from Christina Goe after the meeting to all interested parties that explains the reasons for the changes in the bill in writing:

There were some changes in the bill draft after it went through the process required by legislative services and after the CSI had additional discussions with the Medicaid division. The purpose of this email is to describe the reasons for those changes. I verbally discussed those changes at the meeting on December 5, but this email will provide you with the written "notes" for that discussion. The latest version of the bill can be accessed at www.leg.mt.gov -- look up LC0378. In spite of the additional verbiage, the intent of the legislation remains true to the Advisory Council's principles and provides for a platform for potential Medicaid participation—legislators should not be confused by the need to amend existing statutes.

The CSI did not initiate any substantive changes to this bill. The changes that occurred were initiated for legal/technical reasons by Legislative Services and for substantive/policy reasons by the Medicaid division. Except for the Medicaid changes, the bulk of these changes do not substantially change the meaning or intent of the bill draft.

- *The "where as" clauses in the original bill draft have been transformed into "findings of the legislature" in Section 1. This ensures that the findings will remain codified in statute. "Whereas" clauses are not normally codified.*
- *Legislative Services added new language in Section 2 (5) to further clarify the intent of the legislature to establish "anti-trust" state immunity doctrine protection. Anyone who has further questions on this, please contact me.*
- *The Medicaid and HMK programs were removed from the definition of "health plan" in Section 3, at the request of DPHHS. These public programs are substantially different from other types of health plans and therefore the CSI agreed that they should not be placed within that definition, which is traditionally reserved for fully-insured and self-funded health plans. Specific provisions that apply to Medicaid (often referred to as "the department,") have been added throughout the bill.*
- *The only substantive changes in Section 7 – standards for patient-centered medical homes was the addition of subsection (7) which states that the Medicaid division is not required to follow standards set forth in (2) (a) and (b) that relate to payment methods, bonuses and incentives. However, section (7) (7) specifies that the department (Medicaid and HMK) must follow the remaining standards and use PCMH providers that have been qualified by the commissioner.*
- *The remaining sections in the bill (except for section 12) were added by Legislative Services as necessary amendments to existing statutes. In particular, the amendments to 33-1-102 in section 9, make it clear that the provisions of the PCMH program created in this bill specifically <u>apply</u> to the self-funded government plans (state, cities, counties and school districts) and certain other types of health plans (MEWAs and HMOs) even though most other parts of Title 33 (the insurance code) may not apply to these entities. (But like other payers, participation in PCMH remains voluntary.) The statute amendments adds length to the bill, but are necessary for implementation. The only new language in these amended statutes is underlined and the amendments do not change any substance in this bill. However, the amendments are critical to future enforcement efforts.*

Section 12 was inserted by DPHHS and adds to their rulemaking authority the option to create a patient-centered medical home program for Medicaid. If the department chooses to create a PCMH program for Medicaid, it must follow the standards implemented by the commission, except for the payment methods, bonuses and incentives, as described in Section (7) (7). Under this proposed language, the department would use PCMH providers that have been qualified by the commission.

Dr. Carr asked for further questions, comments or concerns from council members on the bill. Dr. Cook emphasized that Senator Kaufmann will have to get republican co-sponsors to show bipartisan support both across the aisle and chamber. He said that Billings's legislators are concerned about the complexity of the bill. There may need to be a "Plan B" based on these concerns. Dr. Cook and the other council members will have to do whatever they can to rally support around the bill. MMA is greatly concerned about the fact that another bureaucracy is established with the commission. Dr. Carr commented that they will have to work with MMA to point back to their position statement on PCMH. Dr. Carr and other council members provided other good arguments for the legislation that could refute MMA's concerns such as payers wanting anti-trust protection, the program is entirely voluntary, and the commission will

set a standard for the market for PCMH coordination. Without the legislation, there is currently no coordination. John Hoffland thought a selling point of the legislation is establishing a structure for paying people for the work they're already doing based on proven national standards.

Report on new NASHP Learning Collaborative: Building Primary Care Infrastructure through Multi-Payer Medical Home Pilots, Technical Assistance Grant

CSI had anticipated hearing back on their application for the technical assistance grant by this week, but the grantees for the collaborative have not been announced yet. Amanda and Christa met with Mary Takach from NASHP last week and Mary thought that Montana had a very strong application but Medicaid's participation on the core team for the collaborative is crucial and an additional payer as well would make the application even stronger. CSI staff is hoping to hear back from Mary Dalton at Medicaid this week on who from Medicaid should be on the team. CSI staff will also be discussing with Dr. Carr possibilities for the additional payer. Amanda described the grant and how it differs from the IMPaCT grant with a focus on multi-payer rather than Medicaid only projects. Similarly to IMPaCT, the eighteen month grant will include webinars, conference calls, peer-to-peer consulting with contacts from other states, as well as site visits with NASHP and federal government staff. CSI staff will announce the results of the application via the list serve as soon as they know.

NASHP NC IMPaCT Learning Community Update

There haven't been any activities since the advisory council's November meeting. There are several upcoming technical assistance calls: a planning call to discuss a site visit in Oklahoma in February, a call on multi-payer initiatives, and a call on quality metrics and performance measurement. The team will report back to the council on what they learn from each of these calls.

Public Comment

None

Assignments, Upcoming Meeting Schedule, Adjourn

Council members should be talking to their legislators, friends, and neighbors to rally support for the PCMH bill. They should also be sure to let CSI know of any concerns they hear about the bill. Council members should email Amanda if they want to be on the legislative subcommittee and contact Christina Goe with any further questions or comments on the bill.

First day of the legislature: January 7, 2013
Next meeting: January 9, 2013, 1-2pm

Meeting adjourned: 2:43pm